ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, state bar number, and address):	FOR COURT USE ONLY
TELEPHONE NO. (Optional): FAX NO. (Optional):	
E-MAIL ADDRESS (Optional):	
ATTORNEY FOR (Name):	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS:	
MAILING ADDRESS:	
CITY AND ZIP CODE:	
BRANCH NAME:	
PETITIONER:	
RESPONDENT:	
PROOF OF SERVICE (Elder or Dependent Adult Abuse) (CLETS)	CASE NUMBER:
PERSONAL SERVICE	
Instructions to Petitioner: After having the respondent personally served with a copy of the documents identified in	
item 1, have the person who served the documents complete this <i>Proof of Service</i> . Give the original to the clerk for	
filing. Neither the petitioner nor any person protected by these orders can serve the	_
1. I served a copy of the following documents (check the box before the title of each document you served):	
a. Petition for Protective Orders (Elder or Dependent Adult Abuse) (CLETS)	
<ul> <li>b Order to Show Cause and Temporary Restraining Order (Elder or Dependent Adult Abuse) (CLETS)</li> <li>c Blank Response to Petition for Protective Orders (Elder or Dependent Adult Abuse) (CLETS)</li> </ul>	
c. Blank Response to Petition for Protective Orders (Elder or Dependent Adult Abuse) (CLETS)  d. Restraining Order After Hearing (Elder or Dependent Adult Abuse) (CLETS)	
e. Application and Order for Reissuance of Order to Show Cause (Elder or Depen	dent Adult Abuse) (CLETS)
f. Other (specify):	
2. Person served (name):	
2. 1 elson serveu (name).	
3. By personally delivering copies to the person served, as follows:	
a. Date:	
b. Time:	
c. Address:	
4. At the time of service I was at least 18 years of age, not a party to this action, and not a protected person in any of the orders.	
5. My name, address, and telephone number are (specify):	
c. Wy hame, address, and tolophone hambel are (opeony).	
6. If applicable, the county where I am registered as a process server and my registration n	umber are (specify):
I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.	
Date:	
<b>.</b>	
(TYPE OF PRINT NAME OF PERSON WITO SERVER THE PARENCY	(SICNATI IDE)
(TYPE OR PRINT NAME OF PERSON WHO SERVED THE PAPERS)  (Proof of service by mail on reverse)  (SIGNATURE)	